

Answers that Don't need action

Personnel Questionnaire - Risks / Hazards

Name:	Yes	No	Low	Medium	High
Date:					
Personal and Personal Working Area					
1 Is the work area clean and tidy?	Yes				
2 Is there sufficient lighting?	Yes				
3 Is the temperature comfortable?	Yes				
4 Is there adequate heating and ventilation in the working area?	Yes				
5 Is the area around the workstation / workbench clear of any obstructions?	Yes				
6 Are walkways clear of obstructions?	Yes				
7 Are items stacked on shelving properly?	Yes				
8 Is the flooring slippery, uneven, sloped or have holes?	Yes				
9 Is there any loose or ripped carpeting?	Yes				
10 Are radiators clear of anything combustible?	Yes				
11 Do any cables or wires run across the floor?	Yes				
12 Are all electrical cables in good condition?	Yes				
13 Is there space within and around the workstation / workbench to work?	Yes				
14 Are there any sources of distracting noise?	Yes				
15 Are there any problems with static electricity?	Yes				
16 Is there a Fire extinguisher in the working area?	Yes				
17 Have you been trained in the use of Fire extinguishers and fire prevention techniques?	Yes				
18 Do you know that information on fire extinguishers location and use is in intrastats?	Yes				
19 Do you know what to do in the event of a fire?	Yes				
20 Are you aware of the fire assembly point?	Yes				
21 Do you know what and where the fire alarm is?	Yes				
22 Is protective clothing and equipment provided?	Yes				
23 Is it effective?	Yes				
24 Do you have a pre-existing medical condition or health problem?	Yes				
25 Are you pregnant?	Yes				

Personal and Personal Working Area	Yes	No	Low	Medium	High
26 Does the task involve holding a load away from your body?					
27 Does the task involve reaching upwards?					
28 Does the task involve strenuous pushing or pulling?					
29 Does the task involve moving or carrying a load over a long distance?					
30 Does the task involve excessive or continuous lifting?					
31 Does the task involve stooping to lift or lower the load?					
32 Does the task involve twisting the trunk?					
33 Does the task involve repetitive or prolonged handling?					
34 Does the task involve unusual strength or height?					
35 Does the task involve sudden / unpredictable movements?					
36 Are there others to assist with lifting?					
37 Are packages heavy?					
38 Are packages bulky?					
39 Are packages difficult to hold?					
40 Are packages unstable?					
41 Do packages have contents that are sharp?					
42 Do packages have contents that are awkward in size?					
43 Do packages have contents that are potentially dangerous?					
44 Do packages have contents that are likely to move?					
45 Do packages have Hazardous substances present?					
46 Have you been trained on good ergonomic practices?					
47 Have you been given all available information on the use of display screen equipment?					
48 Is there a system for users to report faults relating to display screen work?					
49 Are you taking appropriate breaks from display screen work?					
50 Is your chair in good working condition and adjustable?					
51 Do you sit correctly in the chair?					
52 Can you place both feet flat on the floor?					
53 If not, is a footrest provided?					
54 Is your chair adjusted to the proper height for your display screen?					
55 Is the desk high enough for use with display screen equipment?					
56 Is the screen free from glare and reflections?					
57 If not, is a screen filter provided?					
58 Can you work comfortably at your workstation?					